

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00621995 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee JVA CAMPAIGNS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016	
Mailing Address 240 N 5TH ST SUITE 360		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">685.00</div>	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016722239-1
Purpose of Expenditure CAMPAIGN LITERATURE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Name of Federal Candidate TRUMP DONALD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">685.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee JVA CAMPAIGNS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016	
Mailing Address 240 N 5TH ST SUITE 360		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">685.00</div>	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016722233-1
Purpose of Expenditure CAMPAIGN LITERATURE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Name of Federal Candidate CLINTON HILLARY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">685.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1370.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY
08 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee JVA CAMPAIGNS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016
Mailing Address 240 N 5TH ST SUITE 360		Amount 685.00
City COLUMBUS	State OH	Zip Code 43215
Purpose of Expenditure CAMPAIGN LITERATURE	Category/Type	Transaction ID : WFT20167222311-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate STRICKLAND TED		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee JVA CAMPAIGNS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016
Mailing Address 240 N 5TH ST SUITE 360		Amount 685.00
City COLUMBUS	State OH	Zip Code 43215
Purpose of Expenditure CAMPAIGN LITERATURE	Category/Type	Transaction ID : WFT20167222312-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate PORTMAN ROB		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1370.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY
08 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee OVFPAC PAYROLL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016
Mailing Address 20 S 3RD ST SUITE 210		Amount 4751.00
City COLUMBUS	State OH	Zip Code 43215
Purpose of Expenditure DOOR TO DOOR CANVASS	Category/Type	Transaction ID : WFT20167222314-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CLINTON HILLARY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4751.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee OVFPAC PAYROLL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2016
Mailing Address 20 S 3RD ST SUITE 210		Amount 4751.00
City COLUMBUS	State OH	Zip Code 43215
Purpose of Expenditure DOOR TO DOOR CANVASS	Category/Type	Transaction ID : WFT20167222316-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP DONALD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4751.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9502.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY
08 / 22 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 4 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00621995 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee OVFPAC PAYROLL		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>20</div><div>2016</div></div>	
Mailing Address 20 S 3RD ST SUITE 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4751.00</div>	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT20167222317-1
Purpose of Expenditure DOOR TO DOOR CANVASS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate STRICKLAND TED		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee OVFPAC PAYROLL		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>20</div><div>2016</div></div>	
Mailing Address 20 S 3RD ST SUITE 210		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4751.00</div>	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT20167222318-1
Purpose of Expenditure DOOR TO DOOR CANVASS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate PORTMAN ROB		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9502.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">21744.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 22 / 2016

Signature